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ALBUMINURIA.

The fact that albumen is frequently found in the urine of persons who have, in the ordinary acceptation of the term, no kidney disease, is gradually becoming accepted by the profession as true. Doctors are very often worried by patients who have had the ill fortune to discover that their urine contains albumen, this being looked upon by the laity as a sure sign of "Bright's disease" and consequent early death. Their forebodings are all poured out to their attending physician, who must be strong indeed in the confidence of his patient if he can let him know that there is albumen in his urine, and yet convince him that he need not fear death from immediate kidney trouble.

The insurance companies almost universally reject an applicant who has this symptom, and, perhaps, with our present knowledge of what may be termed extra-renal or false albuminuria, and "physiological albuminuria," they are quite justified in so doing. At any rate, it is probable that a medical man would require to *know well* the standing of a practitioner who might recommend such an applicant for insurance if he, the first medical man, were personally responsible for the amount of the insurance policy issued.

The careful diagnostician will take into account the various conditions outside the kidney before he concludes that albumen, even in a considerable amount, means structural change in that organ. The fact that he can truthfully say to his patient, who by some means has discovered that this dread substance is present, that it may not be from his kidneys at all, will be a great comfort to both physician and patient.

In the false albuminuria the proteid found in the urine is not true serum albumen, derived directly from the blood as in true albuminuria, but is the result of some inflammatory or ulcerative process going on in some part of the genito-urinary tract outside the kidneys, as, for instance, pus, which is indeed nearly always the chief factor in producing this spurious kidney disease. Such pathological conditions as urethritis, purulent catarrh of the bladder, pyelitis, and such less important and circumscribed morbid conditions as ulcerations, small glandular abscesses, cancer, tubercle, and various forms of neoplasm may furnish elements such as blood, pus, or debris which, either singly or combined, will give the albuminuric reaction.

The Germans speak of a "physiological albuminuria," which differs from the false species above accounted for; in which there appears to be a congenital deficiency in the power of the glomerular epithelium to resist the passage of albumen through it. The question as to whether, in such cases, there is any tendency to the development of renal disease can not be considered settled, though such authorities as Leube and Fürbringer consider, as does Moxon, perhaps, that a young man who has albumen in the urine, say only occasionally, and in the forenoon, should be a good risk for life insurance. Hilton Fagge states that both Fürbringer and Moxon detected hyaline casts in one instance of this physiological albuminuria, so that, says he, "casts cannot be taken as conclusive evidence of serious mischief in the kidneys."

Dr. Shepherd lately presented to a meeting of the Connecticut Medical Society, an elaborate statistical report on albuminuria (*Jour. Am. Med. Assoc.*), compiled from examinations made on supposed healthy men. He covers all the ground and gives his conclusions as follows:

"1. Albuminuria is much less frequent in the United States than in England, Stewart giving thirty-one per cent. as the general average, while ours, conducted on a larger scale, show but two per cent. 2. The brain workers, rather than the muscle workers, show the largest percentage of